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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION As a below named inventor, I hereby declare that: My residence/post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an origin joint inventor (if plural names are listed below) of the subject matter which is claimed and find patent is sought on the invention entitled: Method And System For Display of Facial Features on Nonplanar Surfaces The specification of which is attached hereto unless the following box is checked: () was filed on as US Application No. or PCT International Application Number and was amended on (if applicable). I hereby state that I have reviewed and understood the contents of the above-identified spincluding the claims, as amended by any amendment(s) referred to above. I acknowledge to disclose all information which is material to patentability as defined in 37 CFR 1.56. Foreign Application(s) and/or Claim of Foreign Priority I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) inventor(s) certificate licted below and lieve also identified below any foreign application for inventor(s) certificate licted below and lieve also identified below any foreign application for inventor(s) certificate licted below and lieve also identified below any foreign application for inventor(s) certificate licted below and lieve also identified below any foreign application for inventor(s) certificate licted below and lieve also identified below any foreign application for inventor(s) certified before that of the application on which priority is claimed:	al, first an for which
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S. Priority Claim	
anner provided by the first paragraph of the claims of this application is not disclosed in the prior United States applied from the first paragraph of Title 35. United States Code Section 112, I acknowledge the duty to disciplication and the national or PCT International filling date of this application: APPLICATION NUMBER FILING DATE SYATIS CONTROL SYATIS CON	of the prior
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